## COVID-19 Report Form - Person confirmed or potentially infected with COVID-19

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| **Questions** | **Responses** |
| Name of person confirmed or potentially infected with COVID-19 (affected person) |  |
| Phone number of affected person. |  |
| Is the affected person an AAP expeditioner? | ☐ Yes ☐ No  If yes, please contact the AAD Polar Medicine Unit asap via the Polar Medicine Unit Hotline +61 3 6232 3293 |
| Name of manager of affected person |  |
| Manager’s phone number (mobile) |  |
| Name of EL2 of affected person |  |
| EL2 phone number (mobile) |  |
| Affected person’s reason for reporting | ☐ COVID-19 Symptoms ☐ Close-contact |
| What is the test status of the affected person? | ☐ Not tested  ☐ Negative  ☐ Positive RAT (Confirmed Case) (Date……………..)  ☐ Awaiting PCR test result (Expected Date……………..)  ☐ Positive PCR (Confirmed Case) (Date……………..) |
| Has the affected person had any contact with AAP Expeditioners in the last 72 hours? | ☐ Yes – please provide details  ☐ No |
| Has the affected person been in an AAD vehicle, plane or boat in the last 48 hours? | ☐ Yes – please provide details  ☐ No |
| Has the affected person been in an AAD workplace in in the last 48 hours? | ☐ Yes – please provide details  ☐ No |
| Has the affected person been in a DAWE workplace in in the last 48 hours? | ☐ Yes – please provide details  ☐ No |
| How long will the affected person be required to isolate (if applicable or known)? | Start date:  End date: |